

## Rotherham Doncaster and South Humber NHS Foundation Trust

# Long stay/rehabilitation mental health wards for working age adults

### Quality Report

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Date of inspection visit: 26 September 2016 - 28  
September 2016  
Date of publication: 12/01/2017

### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXE00	Trust Headquarters - Doncaster	Coral Lodge	DN4 8QN
RXE00	Trust Headquarters - Doncaster	Emerald Lodge	DN5 0JR
RXE12	Swallownest Court	Goldcrest Ward	S26 4TH

This report describes our judgement of the quality of care provided within this core service by Rotherham Doncaster and South Humber NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

# Summary of findings

Where applicable, we have reported on each core service provided by Rotherham Doncaster and South Humber NHS Foundation Trust and these are brought together to inform our overall judgement of Rotherham Doncaster and South Humber NHS Foundation Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

### **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

# Summary of findings

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# Summary of findings

## Overall summary

We have rated long stay/rehabilitation mental health wards as **good** overall because:

- Following our inspection in September 2015, we rated the services as 'good' for Effective, Caring, Responsive and Well led. Since that inspection, we have received no information that would cause us to re-inspect these key questions or change the ratings.

However:

- Our rating of the Safe key question remains 'requires improvement.' This was because staff did not always robustly assess risks to patients. Not all staff had undertaken essential training and the trust did not always maintain staffing levels at the minimum levels they had assessed as necessary. On Emerald Lodge, a female patient was located on the male corridor but this had not been reported as an incident in accordance with trust policy.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated long stay/rehabilitation mental health wards as requires improvement for safe because.

- Staff did not always review and update risk assessments including where patients' circumstances changed and in response to incidents.
- There were omissions within some patients' risk information, which meant staff may not be aware of how to manage risks in a safe and consistent manner which could impact upon delivery of safe care.
- Not all staff had achieved compliance rates of mandatory training in accordance with the trust target of 90%. There was low training compliance within specific wards in the areas of safeguarding, prevent, moving and handling and resuscitation
- Minimum staffing levels as set out in the trust's 'inpatient staffing and acuity dependency document' did not always reflect actual staffing levels. There was no evidence of any significant impact to patient care caused by this.

However:

- Patients told us they felt the environment was safe and comfortable and said they felt safe on the wards.
- Patients said staff were visible and there were enough staff to support them with their needs.
- The wards were clean and tidy and there were systems in place to maintain this. The trust undertook annual health and safety audits and infection control audits of the wards.
- Staff completed environmental risk assessments to assess the wards for any potential ligature risks and mitigate these where necessary.
- Staff reported incidents as required and said they received feedback from these. Staff were able to have debriefs and reflection time where necessary. The trust undertook robust investigations of serious incidents on the wards and learned lessons from these to make improvements where necessary.

Requires improvement



### Are services effective?

At the last inspection in September 2015 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

Good



# Summary of findings

## Are services caring?

At the last inspection in September 2015 we rated effective as **good**.  
Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

**Good**



## Are services responsive to people's needs?

At the last inspection in September 2015 we rated effective as **good**.  
Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

**Good**



## Are services well-led?

At the last inspection in September 2015 we rated effective as **good**.  
Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

**Good**



# Summary of findings

## Information about the service

Rotherham Doncaster and South Humber NHS Foundation Trust has three long stay and rehabilitation mental health services for adults of working age.

Coral Lodge is a 16 bed, locked rehabilitation and recovery unit. It provides specialist assessment, treatment and rehabilitation service for males detained under the Mental Health Act. There were 16 patients using the service at the time of our inspection.

Emerald Lodge is a 16 bed, mental health rehabilitation and recovery unit. There is an eight bed core unit situated in the main building and eight one bed semi-detached bungalows based on site. The lodge accommodates men and women of working age, some of whom may be

detained under the Mental Health Act. At the time of our inspection there were 15 patients using the service. Seven patients were in the main building and one patient in each of the eight bungalows. Eight patients were detained under the Mental Health Act. The rest were informal, which meant they had agreed to be there.

Goldcrest Ward is a 19 bed, mixed gender rehabilitation ward. It provides care, treatment and rehabilitation for adults following the acute phase of their illness. Some of the patients may be detained under the Mental Health Act. At the time of our inspection there were 16 patients using the service. Five were detained under the Mental Health Act and eleven were informal.

## Our inspection team

The team that inspected the services provided by Rotherham, Doncaster and South Humber NHS Foundation Trust was led by Jenny Wilkes, Head of Hospital Inspection (North East), Care Quality Commission.

The team that inspected long stay/rehabilitation mental health wards for working age adults consisted of; one care quality commission mental health hospital inspector and two specialist advisors who had previous experience as mental health nurses.

## Why we carried out this inspection

We undertook this inspection to find out whether Rotherham Doncaster and South Humber NHS Foundation Trust had made improvements to their long stay/rehabilitation mental health wards for working age adults since our last comprehensive inspection of the trust on 14 – 18 September 2015.

When we last inspected the trust in September 2015, we rated long stay/rehabilitation mental health wards for working age adults as 'good' overall. We rated the core service as good for effective, caring, responsive and well-led and as requires improvement for safe.

Following that inspection we told the trust that it must take the following actions to improve long stay/rehabilitation mental health wards for working age adults :

- The trust must ensure that all bags used for the storage of emergency equipment are well maintained and fit for the purpose of delivering equipment safely in an emergency situation.
- The trust must ensure that all thermometers record the highest and lowest fridge temperatures on a daily basis. Staff must reset thermometers each day and this should be recorded. This will help ensure the safe storage of medication and reduce any adverse effects on patients taking the medication.
- The trust must ensure that medication is administered in accordance with prescription charts and that any reason for a dose not being administered is recorded at the time. This will evidence safe compliance with prescribed medication, reducing the risk of any adverse impact on the patient.



# Summary of findings

- The trust must ensure that staff complete mandatory training to achieve the trust standard of 90% and that systems are in place to accurately record this. This will support staff to have the necessary skills to deliver safe care to patients.

We also told the trust that it should take the following actions to improve:

- The trust should ensure that tools used to calculate minimum staffing levels on wards are robust. The ward staff should be actively involved in agreeing the levels and ensuring the levels are maintained. Sufficient staff should be employed as part of the nursing establishment to enable the minimum levels to be achieved. Safe staffing information displayed on the website should relate to the agreed minimum levels.

- The trust should monitor the on-going use of locum psychiatrists to reduce any negative impact on the consistency of patient care.
- The trust should monitor the use of the bed management policy to support the sleepover of patients onto the rehab wards. Any transfer should cause minimum disruption to the patient for the minimum amount of time.
- Staffing levels should be reviewed to ensure safety on the rehab wards without impacting on the delivery of care.

We issued the trust with two requirement notices in relation to long stay/rehabilitation mental health wards for working age adults. These related to:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
- Regulation 18 HSCA (RA) Regulations 2014 Staffing

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

Before the most recent inspection, we reviewed information that we held about long stay/rehabilitation mental health wards for working age adults. This information suggested that the ratings of 'good' for effective, caring, responsive and well led, that we made following our September 2015 inspection, were still valid. Therefore, during this inspection, we focused on those issues that had caused us to rate the service as requires improvement for safe.

This inspection was unannounced, which meant the service did not know that we would be visiting. During the inspection visit, the inspection team:

- visited all three wards at the hospital site, looked at the quality of the ward environments and checked all clinic rooms.
- observed how staff were caring for patients in order to maintain their safety.
- Spoke with ten patients who were using the service.
- interviewed the ward managers for Coral and Emerald Lodge and the nurse in charge on Goldcrest ward as the manager was on leave.
- interviewed nine other staff members individually; including nurses, nursing assistants and an occupational therapist.
- looked at 17 patients' care records.
- carried out a specific check of the medication management on all three wards and reviewed all patients' prescription charts.
- looked at a range of policies, procedures, and other documents related to the running of the service.

# Summary of findings

## What people who use the provider's services say

Patients told us the wards and bungalows were clean and comfortable and said they felt safe in the environment. They had storage facilities to keep personal possessions secure as well as use of an office safe. Patients either had keys to their own rooms or were able to ask staff to lock their doors.

Patients said that staff were present, visible on the wards and able to provide them with one to one time and

support to attend appointments and activities. They told us staff were approachable and helped them to feel safe on the wards. However, two patients on one lodge said they felt singled out by certain staff whom they perceived as putting restrictions on what they were able to do at times.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that staff identify all known risks for patients. Staff must review and update patients' risk assessments as necessary and ensure plans are in place to manage any risks safely. The provider must be able to evidence this and ensure staff complete risk information in a consistent manner.
- The provider must continue to improve compliance with mandatory training to ensure staff receive suitable training to perform their roles and to enable them to provide safe care to patients.

### Action the provider **SHOULD** take to improve

- The provider should review their published minimum staffing levels against actual staffing levels on the wards to ensure these are an accurate reflection of staffing needs. The provider should be able to assure safe staffing levels are maintained where staff have to leave wards to assist elsewhere.
- The provider should ensure that all wards are aware of and act in accordance with the trust's policy on eliminating mixed sex accommodation policy and Department of Health guidance.

## Rotherham Doncaster and South Humber NHS Foundation Trust

# Long stay/rehabilitation mental health wards for working age adults

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Coral Lodge	Trust Headquarters
Emerald Lodge	Trust Headquarters
Goldcrest Ward	Swallownest Court

#### Mental Health Act responsibilities

We did not review the service's responsibilities in accordance with the Mental Health Act at this inspection. Details of our findings relating to this are included in our previous report for this service which was published in January 2016.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

We did not review the service's responsibilities in accordance with the Mental Capacity Act and Deprivation of Liberty Safeguards at this inspection. Details of our findings relating to this are included in our previous report for this service which was published in January 2016.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

The environment layout and staff practice helped promote safety of patients. The wards were open and spacious. The latest annual ligature point audits for Coral and Emerald Lodge, and the bungalows on Emerald Lodge, were completed in August 2016. Goldcrest's had been completed in December 2015. The audits included information about how the wards managed identified risks, for example, such as anti-ligature fittings and staff supervision of patients in high risk areas. Patients across the wards told us they felt safe in the environment.

Not all wards were fully compliant with Department of Health guidance on eliminating mixed sex accommodation. Goldcrest and Emerald Lodge were mixed gender wards. Each had a female only lounge. Patients' bedrooms were situated on separate male and female corridors. However, on Emerald Lodge, one female patient slept in a bedroom situated at the end of a corridor designated for males. This was due to the numbers of males and females on the ward at the time. The patient had to pass the bedrooms of male patients to access and exit her own bedroom. The manager told us staff escorted the patient when necessary and carried out regular observations at night. Although staff were managing the situation, the trust policy for 'eliminating mixed sex accommodation and maintaining privacy, dignity and respect' stated that such circumstances constituted of a breach of the policy. Staff should have recorded this as an incident.

The wards did not have seclusion rooms. Managers said patients who needed support at a level that required the use of seclusion would not be appropriate for the service. Since our last inspection, Coral Lodge had created a de-escalation room by utilising an existing interview room. This was so patients who may need time to de-escalate and de-stress their feelings and behaviours would have somewhere to do so. A standard operating procedure was in place in relation to use of the room. Staff on the other two wards used quiet rooms and patients' bedrooms to help support people to de-escalate where necessary.

The ward premises and furnishings were clean and tidy. Domestic staff attended daily and were present during our visits. We saw completed cleaning records for all wards. A member of the domestic staff told us they always had enough equipment and supplies to maintain cleanliness of the wards. Procedures to manage the control of substances hazardous to health were in place. Patients across the wards said the premises were clean and tidy. Two said that sometimes kitchen areas were untidy but that was due to individual patients not always cleaning up after themselves.

The clinic rooms on each ward were clean, tidy and suitably stocked. Each ward had a suitable grab bag stocked with emergency equipment, which was fit for purpose. Staff documented regular checks of these. Equipment within the clinic rooms displayed evidence of current portable appliance tests and servicing to ensure they were safe to use. Staff monitored and documented drugs fridge and room temperatures on a daily basis. This meant the shortfalls we identified at our last inspection had been suitably addressed.

There were systems to report repairs and maintenance issues. On Emerald Lodge, the patients' payphone was not working and a dining room cupboard was broken. The manager said both issues had been reported. Patients could use the office phone as well as their own mobiles to make calls whilst the payphone was not in use. One patient on Emerald Lodge showed us around their bungalow. It was equipped with a nurse call system, a smoke alarm, heat detector and phone to call the main office. Staff undertook weekly maintenance checks of each bungalow and patients could report any repairs when any arose. The patient felt safe and secure in their bungalow. All patients had their own safe to store personal possessions as well as use of an office safe.

In the patient-led assessments of the care environment survey for 2016, Goldcrest ward scored 100% for cleanliness and Coral and Emerald Lodge both scored 97%. The national average was 98%. For condition, appearance and maintenance, Goldcrest ward scored 97%, Coral Lodge scored 96% and Emerald Lodge scored 94%. All scores were above the national average of 93%.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

The trust's safety team undertook annual health and safety audits of the ward environment. These generated action plans to rectify any shortfalls with timescales for completion. There were good infection control processes in place. Antibacterial gel was available on entry to, and at frequent points, within the wards. Hand washing posters and information was on display on the wards to advise staff and patients of good infection control practices. The latest annual infection control audits completed by trust staff for each ward showed that all wards had scored highly. Staff undertook training in the subjects of fire safety, health and safety and infection control.

There were nurse call buttons in each room, as well as in each bungalow on Emerald Lodge, so patients could summons assistance if needed. Staff carried personal alarms and we saw that they responded promptly to these when activated.

## Safe staffing

The service operated a three-shift system of early, late and night shifts. Minimum staffing levels of qualified nurses and nursing assistants for each ward were set out in the trust's 'inpatient staffing and acuity dependency profiles' document.

Minimum staffing levels for Emerald Lodge were one nurse and two nursing assistants on each shift. Coral Lodge was one nurse and three nursing assistants on early and late shifts, and one nurse and two nursing assistants at night. Staffing on Goldcrest ward consisted of two nurses and two nursing assistants on the early shift, with one nurse and two nursing assistants for the late and night shift.

We viewed staffing rotas for the four months prior to our inspection for each ward. These showed that the majority of times, staffing levels were below the minimum levels. The trust also published safer staffing information on their website, which showed all three wards had met safer staffing numbers for these four months. It was not clear how these findings were calculated when taking into account the difference between the staffing complement on the rotas and trust minimum levels. We identified this same issue at our last inspection and advised the trust should take action to establish what exactly the minimum requirements were. Although the trust revised the 'staffing and acuity dependency document' in 2016, the data still did not correspond with what happened in practice.

Although rotas did not coincide with the trust's minimum staffing levels, all patients we spoke with said there were enough staff available and they were visible on the wards. No patients reported any cancelled activities or leave due to lack of staff. One patient said they had many hospital appointments and that staff always ensured they were available to support them to attend these. We observed staff present during our inspection and saw them spending time with patients.

Staff on Emerald and Coral Lodge said staffing levels were suitable the majority of the time and allowed them to have one to one time with patients. Coral Lodge staff said reablement workers, who were additional to nursing staff, helped to provide daily support such as activities for patients. Staff on Goldcrest ward said sometimes other wards asked them for help, and this left staffing levels on their ward low. Staff said sicknesses and absences were covered by staff working extra shifts or bank workers. The service used regular bank workers so they were familiar with the patients and ward practices, which helped maintain consistency of care. Managers said, and records showed, the service used agency staff infrequently. Each ward had notice boards on display, which provided information about which staff were present on shifts. These included a name and photograph of the staff member.

Managers reviewed staffing levels daily to ensure the correct mix of staffing numbers and skills was in place. They said they were able to adjust levels where patient need demanded and in order to accommodate appointments and busy periods. Each ward had a full complement of nursing staff at the time of our inspection.

The average sickness rate across the trust between April and August 2016 was 5%. Between March 2016 and September 2015, Coral Lodge had the highest sickness rate of the service 5%, Emerald Lodge was 4.3% and Goldcrest ward was lowest at less than 1% sickness.

Each ward had consistent psychiatrist input at set times throughout the week. Managers told us they could contact the consultant outside of these times if necessary. There were arrangements in place for the provision of specialist psychiatric and emergency medical cover outside of set times. Staff told us assistance was available in a timely manner with no undue delays. At our last inspection, we had concerns about the consistency of patient care due to Goldcrest ward having several different locums over a short

# Are services safe?

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space of time. At this inspection, Goldcrest had a locum consultant in post for a one year period, which commenced in August 2016 so aimed to provide some stability for the ward.

The trust target for mandatory training compliance was 90%. Emerald Lodge had exceeded this target with a compliance rate of 93%. Coral Lodge and Goldcrest ward had compliance rates of 89% and 86% respectively. These rates had improved since our last inspection although the trust had not met the timescales of compliance by March 2016 as set out in their action plan. There was still low compliance within individual subjects. For example, on Goldcrest ward, only 52% of staff had completed 'moving and handling people' training, 55% had completed 'prevent training and 58% had completed 'resuscitation level 3'. This could put patients at risk of receiving unsafe care.

## Assessing and managing risk to patients and staff

Managers and staff we spoke with said they never, or very rarely, had to use restraint on patients. There were no incident reports of any restraint within the six months prior to our inspection. Patients also told us that staff on the wards had never restrained them.

Staff undertook annual training in reducing restrictive interventions to help manage challenging behaviour. All Coral Lodge staff had completed their core and enhanced training. Emerald Lodge staff had all completed core training. Due to the nature of the client group, the trust informed us that staff on Emerald Lodge were not required to complete enhanced training. On Goldcrest ward, 77% of staff had completed core training and 72% had completed enhanced training. Staff used de-escalation techniques, such as talking and distraction in the first instance to manage challenging behaviour, which they said often worked with the patient group. We saw this in practice on Goldcrest ward where a staff member spent one to one time with a patient who was unsettled in their behaviour.

Staff completed a risk assessment for each patient using the functional analysis of care environments assessment tool. We found shortfalls in the use of this on each ward. Coral Lodge's operational policy stated risk assessments should be reviewed every month and in response to new information and significant change in the patient's presentation. Three out of seven patients' records we looked at did not have evidence of monthly risk assessments reviews. One contained information about a

patient's observation levels that was no longer current in accordance with what staff told us. We were not confident that staff consistently used incidents to inform risk assessment. One patient had displayed physically aggressive behaviour, which staff logged as an incident. A review of their risk assessment took place 12 days later and stated there had been 'no problems'. Another patient displayed risky behaviour, which staff reported as an incident but did not reflect in their risk assessment. Staff said usual practice would be to review and update risk assessments following such incidents.

On Emerald Lodge, we looked at five patients' care records. Staff had not undertaken a risk assessment, or created a management plan, for the female patient accommodated on the male corridor. The manager said these should have been in place. Another patient had no information on their record about any current risks, despite their admission two months previously, as the named nurse had not yet read their information. The manager assured us staff would update this as soon as possible. The patient could have been at risk of receiving unsafe care if staff did not have clear information about the risks or a plan to manage them.

On Goldcrest ward, we reviewed six patients' care records. One patient had been transferred from an acute ward at the trust following a trial period. Trust policy stated risk assessments should be completed and documented when prompted by a change of circumstances such as admission, discharge and transfer between services. Risk assessments were present from the acute ward but there was no evidence that staff had reviewed these in relation to the change of ward. Progress notes showed the same patient was at risk of financial exploitation and actions had been taken to address this, such as assistance for the patient to manage finances. However, the risk was not within the person's risk assessment or care plans. Another patient had no risk management plans, but documentation showed them to be a risk to others and at risk of vulnerability.

We also saw good evidence in records of detailed risk assessments and management plans which staff had updated in response to changes. In some instances however, it was difficult to establish what had been updated, when, and by whom due to this information not being clearly documented on the system and the fact that staff did not all update records in the same manner. Staff

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

had systems in place to manage risks on an ongoing basis. This included discussion of risks during handovers, in regular multidisciplinary meetings and updates of information in progress notes. Staff discussed patient risk factors within one to one time and staff we spoke with were knowledgeable about individual patient risks. However, in the instances where we saw shortfalls, there was potential that without a holistic view of patient risks and management of these, patients may be exposed to unsafe care and treatment.

Coral Lodge was a locked ward and had some restrictions in place for patients. Staff had to supervise patients using the garden area due to past instances of hiding contraband. The manager was keen to re-site a high fence currently around a smaller paved area across the larger garden, which would reduce the need for supervision. The room that housed the patient telephone was locked at the time of our inspection. This was due to a specific risk presented by one patient. Staff unlocked the room at request of patients. Two patients on this ward told us they felt singled out by certain staff and felt staff restricted what they were able to do with regard to activities. With their permission, we passed on their concerns to the ward manager.

Informal patients on Emerald Lodge and Goldcrest ward were able to leave the wards at their own will and we saw patients come and go freely. Coral Lodge did not accommodate informal patients. All patients on Coral and Emerald Lodge had their own keys to their rooms and bungalows. However, patients on Goldcrest ward were not able to have their own keys. The nurse in charge said patients had never raised this as an issue and they could ask staff to lock their doors on their behalf. All patients were able to keep their own mobile phones and staff advised them of restrictions on taking photographs and videos with their mobile phone camera.

Managers and staff were able to search patients in circumstances where they deemed justifiable. Emerald Lodge and Goldcrest ward staff said they did not routinely have to implement the search policy due to the lower risks of patient group. Managers said it was only used where necessary on all wards.

Staff undertook patient observations in accordance with trust policy. Appropriate staff could change these in response to any risks or needs the patient presented with. On Emerald Lodge, patients in bungalows who required

further support could move back into the main building if staff felt this was required. This had happened several weeks previous where a person's risk level had increased following an incident.

Safeguarding adults and safeguarding children was mandatory training for staff. All staff on Emerald Lodge and Goldcrest ward, and 96% of staff on Coral ward had completed both of this training at level one. Only Goldcrest ward staff had met trust compliance levels with advanced safeguarding adults level three training. None had achieved trust target for advanced safeguarding children level three training. However, staff said they were clear about the procedures to follow and knew how to access safeguarding guidance. There were no ongoing safeguarding concerns or alerts at the time of our inspection.

We looked at the systems in place for medicines management. Medicines were stored securely with access restricted to authorised staff. There were appropriate arrangements for the management of controlled drugs. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. Medicines requiring refrigeration were stored as necessary. We checked a sample of medicines across the wards and found that the amounts in stock corresponded with what staff documented in patients' records. Staff completed the majority of medication administration records correctly. On Coral Lodge, we saw the same error on four current drug charts where a staff member had signed the wrong time of administration for one medicine. However, they had identified and amended this error, which was a shortfall in record keeping and had not affected the administration of the medication. Staff undertook medication audits to identify any issues such as missed signatures or errors and managers gave feedback to individual staff members and took action to address these.

Patients did not report any concerns with how their medicines were managed. They were encouraged to self-administer in order to promote independence. There were arrangements in place to maximise the safety of this such as individual lockable medicine storage for patients.

Visitors were able to attend the wards and arrangements were in place to ensure these were undertaken safely. There was a policy in place to provide guidance as to how staff should safely manage instances of children visiting patients on the wards.



# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

## Track record on safety

There were three serious incidents requiring investigation in the six months prior to our inspection. Two of these were on Emerald Lodge and the other on Goldcrest Ward. We saw the root cause analysis inspection investigations report of each of these. The reports were comprehensive and highlighted good practice, key problems and lessons learned. The incidents had influenced changes on practice in some areas in order to improve the service and actions plans were in place to implement and monitor this where necessary.

## Reporting incidents and learning from when things go wrong

Staff reported incidents on the trust's electronic incident reporting system. They gave consistent examples of the types of incidents they reported. Managers had oversight of all incidents and told us feedback and learning from these were discussed in team meetings. Emerald and Coral Lodges' latest team meetings showed incidents reports and 'safety' as 'discussion areas however Goldcrest ward minutes did not include these topics. Ward managers

escalated incidents to the safety team who were able to identify any recurring themes and trends from these. The Trust shared any relevant wider learning with staff via the intranet and email.

Although there were systems in place to report incidents, on Emerald Lodge, staff had not reported the instance of the female patient accommodated on the male corridor an incident in accordance with trust policy. The manager told us she would submit a report for this.

Staff received debriefs and reflection time following any serious or distressing incidents and said they felt supported by management. This could be in a group or individual setting. Psychology support was available to support staff in the debrief process.

The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients, or other relevant persons, of certain notifiable safety incidents and provide reasonable support to that person. Incident reports had a prompt for duty of candour so that staff could act accordingly with incidents that met the threshold.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

At the last inspection in September 2015 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

# Are services caring?

Good 

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

At the last inspection in September 2015 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

At the last inspection in September 2015 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

At the last inspection in September 2015 we rated effective as **good**. Since that inspection we have received no information that would cause us to re-inspect this key question or change the rating.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

##### **How the regulation was not being met:**

The provider had not done all that was reasonable practicable to effectively assess and mitigate risks to patients.

There was evidence on Goldcrest ward, Emerald Lodge and Coral Lodge that staff did not always robustly and consistently review and update risk assessments including where patients' circumstances changed and in response to incidents.

On all three wards there were omissions within some patients' risk information, which meant staff may not be aware of how to manage risks in a safe and consistent manner.

On Emerald Lodge there was no risk assessment and management plan for a female patient who was accommodated on the male corridor.

12 (1) (2) (a) (b)

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

##### **How the regulation was not being met:**

Not all staff had achieved compliance rates of mandatory training in accordance with the trust target of 90%.

There was low compliance within specific wards within certain key training. On Goldcrest ward, only 52% of staff had completed 'moving and handling people' training, 55% had completed 'prevent training and 58% had completed 'resuscitation level 3'

This section is primarily information for the provider

## Requirement notices

On Emerald Lodge, only 50% of eligible staff had completed safeguarding adults level 3 training. On Coral Lodge, 53% of staff had completed safeguarding children level 3 training.

18 (2) (a)